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CLINICAL ASPECTS AND DIAGNOSIS OF RECURRENT TYPHUS

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[This is a contribution from the Clinic of Infectious Diseases (director, Prof Z. Ye. Shtaynshnayder), 1st Moscow Order of Lenin Medical Institute.]

During the period in which observations were carried out, recurrent cases fluctuated between 31.4 and 49.9% of all typhus cases. In comparison with primary incidences, recurrent cases of typhus took an atypical course, which was expressed primarily in the fact that the disease had a light form. Not withstanding the fairly advanced age of the patients, the disease assumed a light form in 36% of the cases, with no fatal cases. The length of the fever period was reduced, lasting on the average 9-12 days. As a rule, the temperature was constant, within the limits of 38-40°; lowering of the temperature usually took place in the form of a drawn-out crisis.

A roseola rash could be observed more frequently (in 42% of the cases) than in primary cases, but it disappeared rapidly (sometimes beginning with the 7-11th day of the disease). Arterial as wellas venous hypotonia were less pronounced, and the reduction of arterial pressure was identical in forms of typhus which differed as far as the degree of severity is concerned. On the average, the maximum arterial pressure was 98 mm, and the minimum, 57 mm. Erlargement of the liver and spleen were often absent. The Weil-Felix reaction frequently remained negative or became positive quite late (beginning with the 16-20th day of the disease). The reaction of agglutination with rickettsiae proved to be more sensitive than the Weil-Felix reaction: it yielded a positive result in 100% of the cases. Moreover, the reaction of agglutination with rickettsiae became positive earlier than the Weil-Felix reaction.

The atypical course of recurrent typhus makes it difficult to recognize the disease. In 55% of the cases observed by the authors, there were incorrect diagnoses and late hospitalization.

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